

Work Order ID 109496

November-21-13 2:29:56 PM

646.9812

B109 96

109496

Page 1

Item ID: 646.9812

Revision ID:

Item Name: Lower Cutter Deflector

Start Date: 11/21/13 Start Qty: 4.00 *4*

Required Date: 11/21/13 Req'd Qty: 4.00 *4*

Reference:

Approvals: Process Plan: MLJ Date: 13-11-22

QC: _____ Date: _____

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Cust Item ID:

Customer:

Run Start *NR1*

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

646.9800

MC A M 13.11.25

100

1000

Bandsaw

Jeaspa Bandsaw

BAND SAW

Memo

Cut Blank at 25.150"

ONE BLANK MAKES TWO PART

0.00

0.00

14/04/09

4 0

DAS
14
9-89

110

110

HAAS 1

HAAS CNC vertical machine #1

HAAS CNC VERTICAL MACHINING #1

Memo

1-Machine per folio FB131

DWG REV: A

FOLIO REV: AA

2- deburr and break all sharp edges

0.00

0.00

B-A 14/04/10

4 0

DAS
08
9-89

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--|--|---|--|

Work Order ID 109496

November-21-13 2:29:56 PM

109496

Page 2

Item ID: 646.9812

Revision ID:

Item Name: Lower Cutter Deflector

Start Date: 11/21/13 Start Qty: 4.00 ***4***Required Date: 11/21/13 Req'd Qty: 4.00 ***4***

Reference:

Approvals: Process Plan: _____ Date: _____

QC: _____ Date: _____

Accept

N900040100Setup Start ***NS1***Stop ***NS2***

Cust Item ID:

Customer:

Run Start ***NR1***Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

A. 14/04/10

4

Ø

DAS
08
9-89

130

QC8- Inspect parts - second check

0.00

130

QC

Memo

0.00

Quality Control

DAS
44
9-89

14/04/12

4

Ø

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O to ATG : 23813

1- Black Anodize as per Dwg 646.9800

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Conformity is required

CZ 14/04/13 (9)

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
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| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
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Work Order ID 109496

November-21-13 2:29:56 PM

109496

Page 3

Item ID: 646.9812

Revision ID:

Item Name: Lower Cutter Deflector

Start Date: 11/21/13 Start Qty: 4.00 ***4***Required Date: 11/21/13 Req'd Qty: 4.00 ***4***

Reference:

Accept

N900040100Setup Start ***NS1***Stop ***NS2***

Cust Item ID:

Customer:

Approvals: Process Plan: _____ Date: _____

QC: _____ Date: _____

Tooling: _____ Date: _____

SPC (Y/N): _____ Date: _____

Run Start ***NR1***Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Memo

0.00 DAS
27
9-89

Packaging

151

QC5- Inspect part completeness to step on W/O

0.00

151

QC

Memo

14/4/25

0.00

Quality Control

180

Identify as per dwg & Stock Location: 4F

0.00

180

Packaging

Memo

CA

0.00

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

(4) SADD 14/05/08

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
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| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
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|--|--|---|--|

Work Order ID 109496

November-21-13 2:29:56 PM

109496

Page 4

Item ID: 646.9812

Revision ID:

Item Name: Lower Cutter Deflector

Start Date: 11/21/13 Start Qty: 4.00 ***4***Required Date: 11/21/13 Req'd Qty: 4.00 ***4***

Reference:

Accept

N900040100Setup Start ***NS1***Stop ***NS2***

Cust Item ID:

Customer:

Approvals: Process Plan: _____ Date: _____

QC: _____ Date: _____

Tooling: _____ Date: _____

SPC (Y/N): _____ Date: _____

Run Start ***NR1***Stop ***NR2***Sequence ID/
Work Center ID

190

190

QC

Quality Control

Operation
Description

QC21- Final Inspection - Work Order Release

Memo

Set Up/
Run Hours

0.00

0.00

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

MLJ 14-05-09

14-05-08

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
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| Equip/Tooling | | | | | | | | | |
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| Material | | | | | | | | | |
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| Offset/Setup | | | | | | | | | |
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| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
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FAULT CATEGORY

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|--|--|---|--|

Picklist Print

November-21-13 2:29:56 PM

Page 1

Work Order ID: 109496

Parent Item: 646.9812

Parent Item Name: Lower Cutter Deflector

Start Date: 11/21/13

Required Date: 11/21/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 12/09/10 JFS VERIFY BY: DD

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|--|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M7075T6B5.000X0.375 7075-T6 BAR 5.000" X 0.375" | | Purchased | No | | | 100 | f | 25.9780 | 1.048 | 4.4126316 | | | |

Location

Loc Qty

Loc Code

MAT049

25.978

123218

16.334

m126615

9.644

M128502 x 4.42

14/04/09

DAS
14
9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--|--|---|--|

APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03828

SHEET 1 OF 8

DWG NO. 646.9800

REV: NC

PREPARED BY: B. PETERS

DATE: 03/19/13

EFFECT ON DWG
☒ INC. ☐ UNINC.

DWG TITLE: DEFLECTOR

APPROVED BY:

ENGR

MFG

QC

EFF:

NEXT ORDER

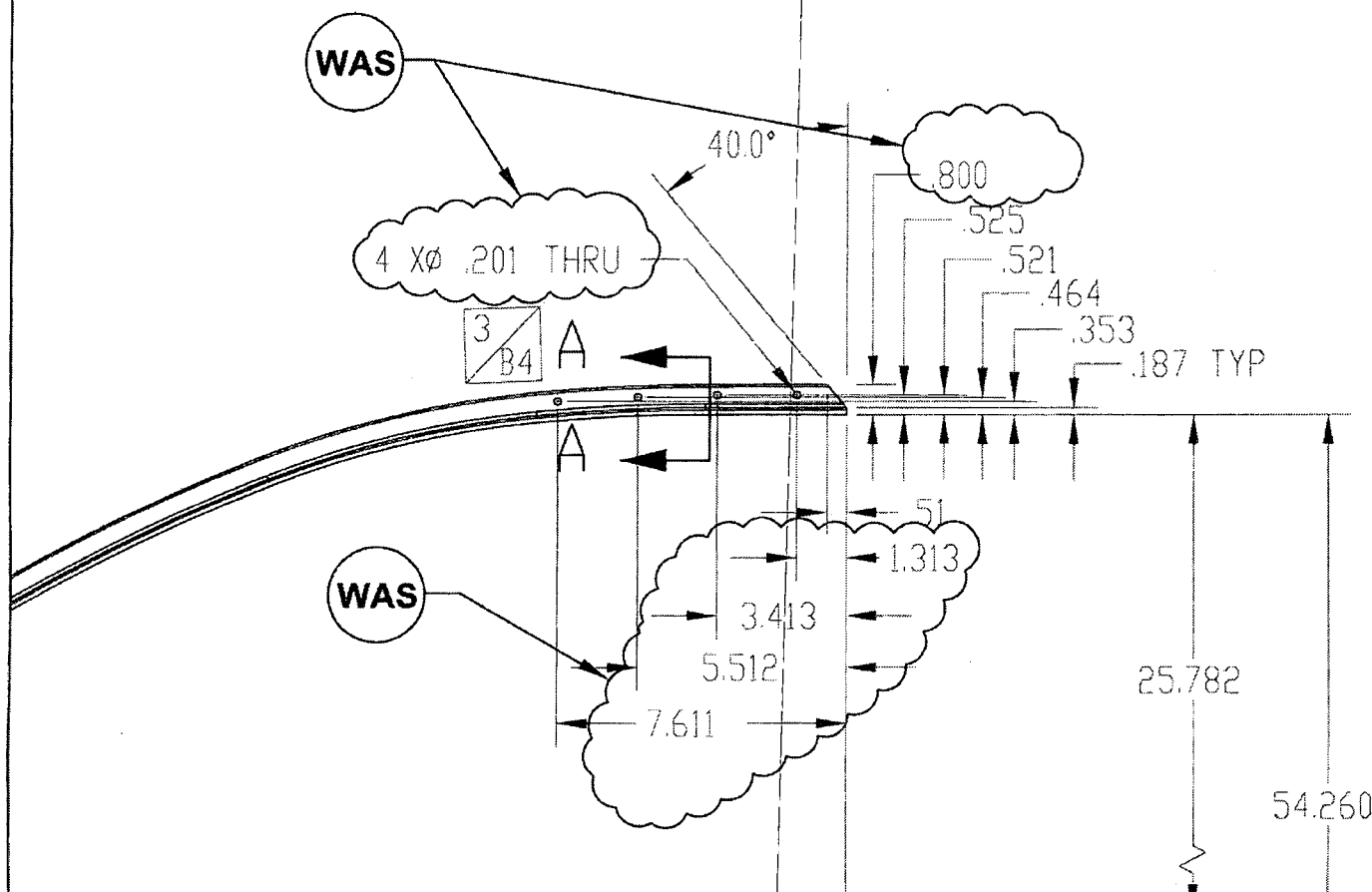
TRANSACTION CODES (TC):
A-ADD C-CREATE
R-REVISE D-DELETE

REASON: REVISED CORNER RADIUS, TOLERANCES, AND ADDED INSPECTION DIMENSIONS.

ECR:

D-13-029

SHEET 1, ZONE A5-A6 & B5-B6 WAS:



109496 NCS
13-11-22

DOCUMENTS EFFECTED:

☐ MDL

☐ INSTALL

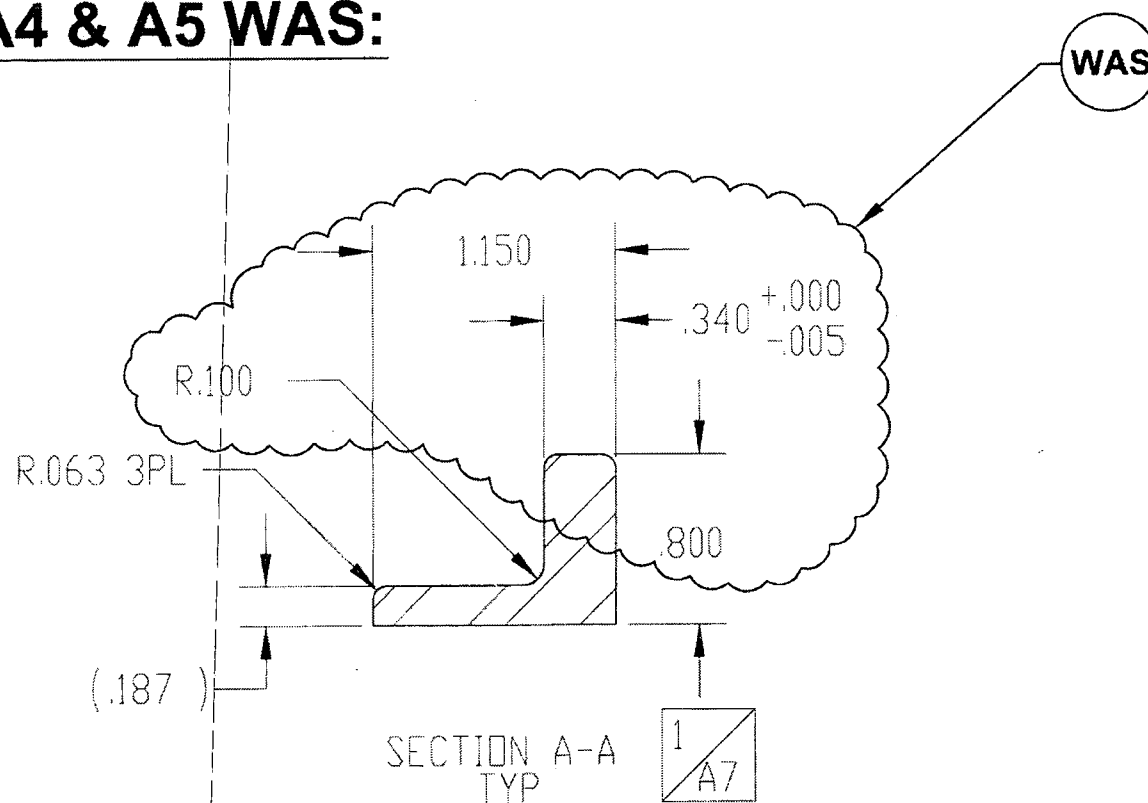
☐ INSTRUC

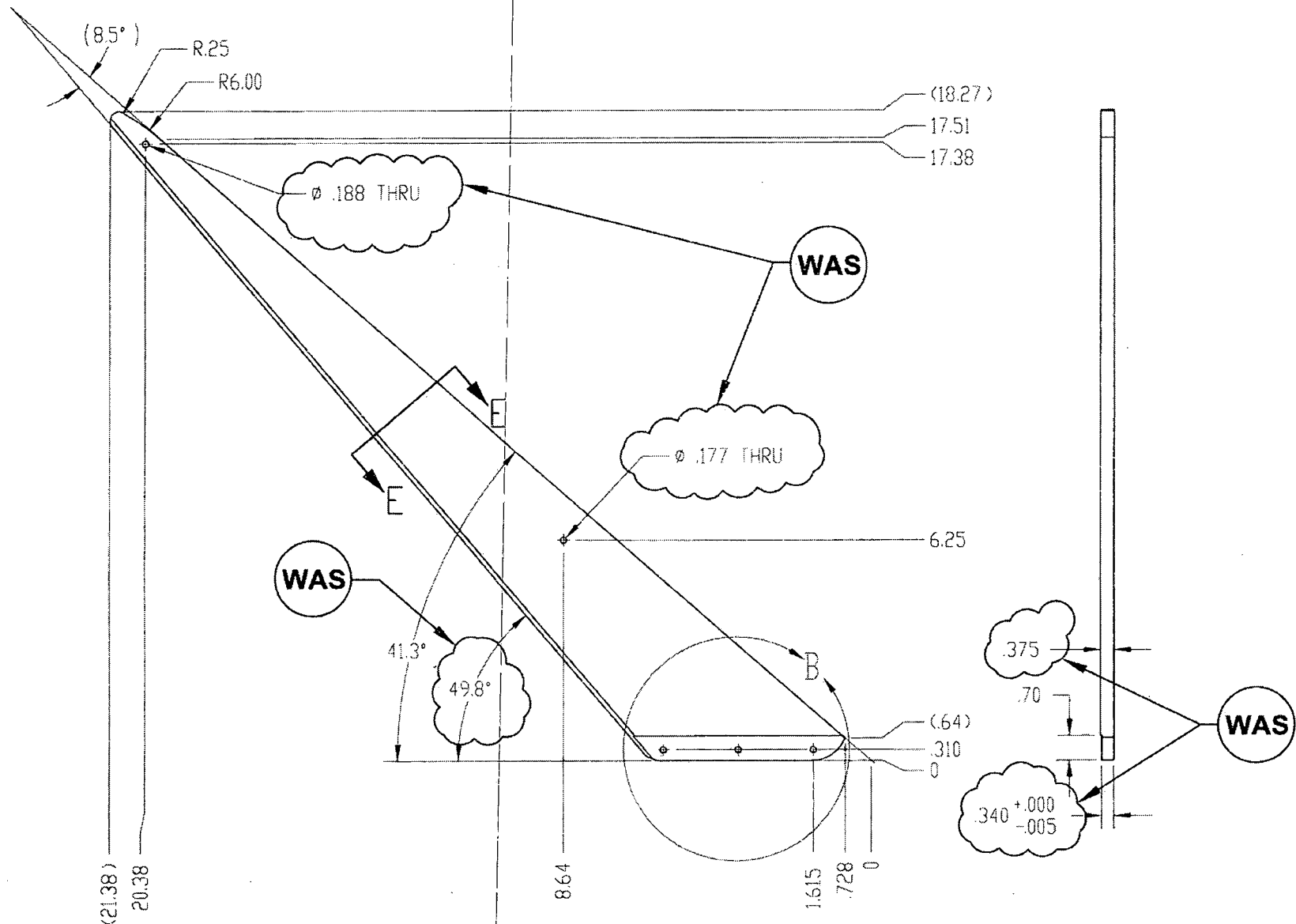
☐ ICA

☐ BOM

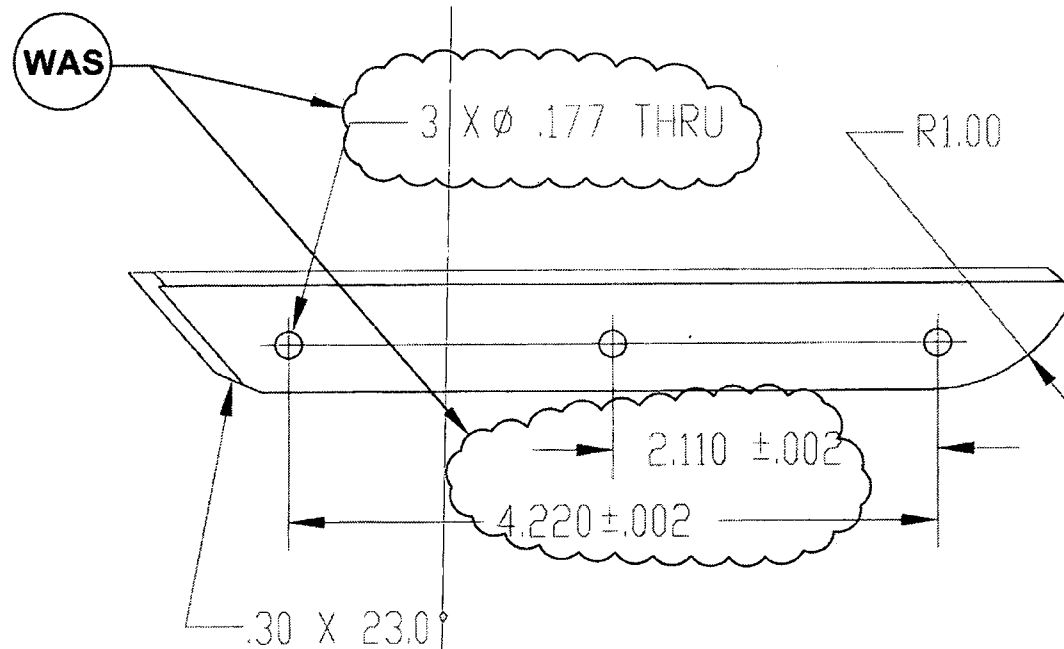
CHANGE CATEGORY
☐ MAJOR ☒ MINOR

DER REVIEW REQUIRED
☐ YES ☒ NO

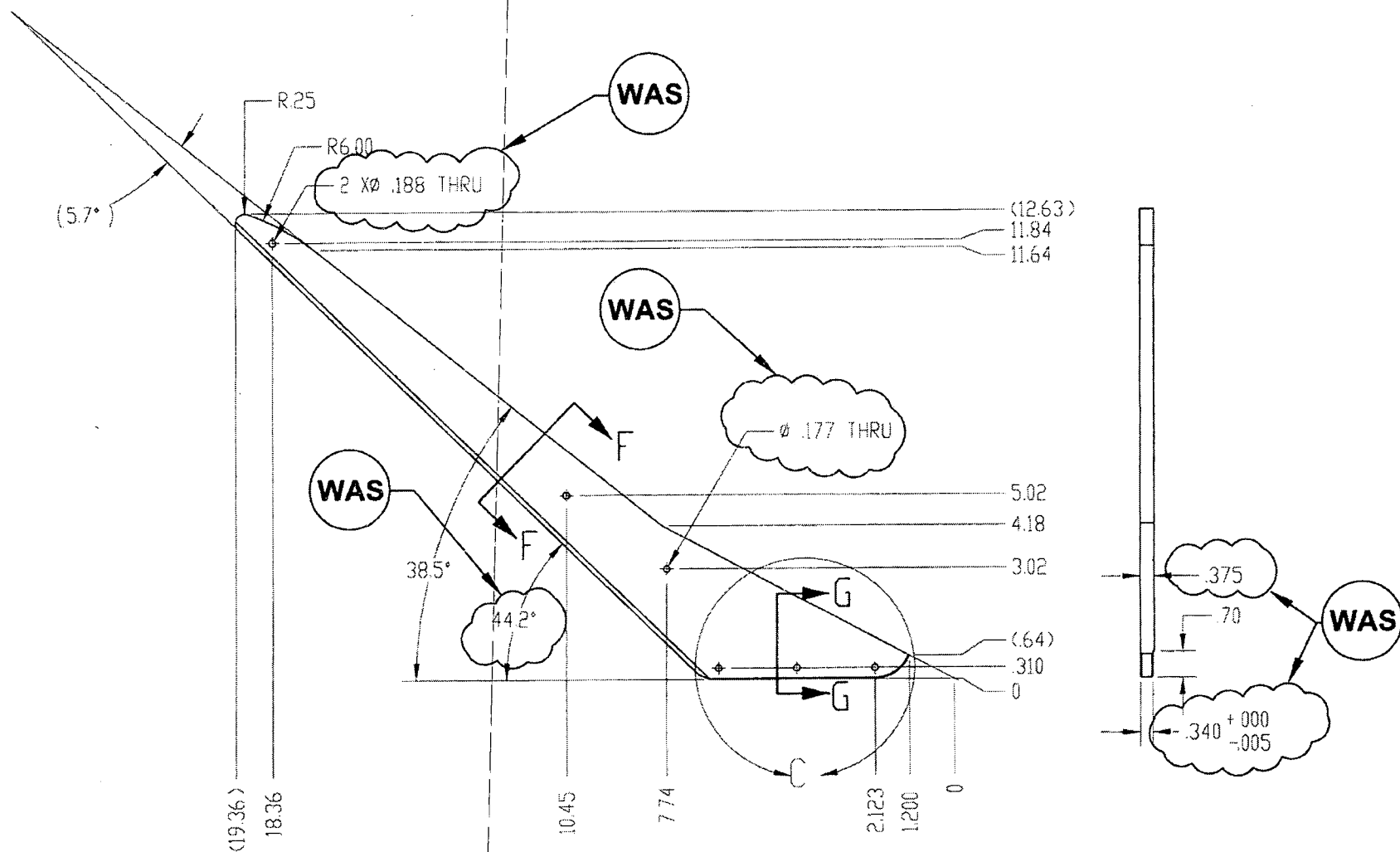
SHEET 3, ZONE A4 & A5 WAS:

SHEET 4, WAS:

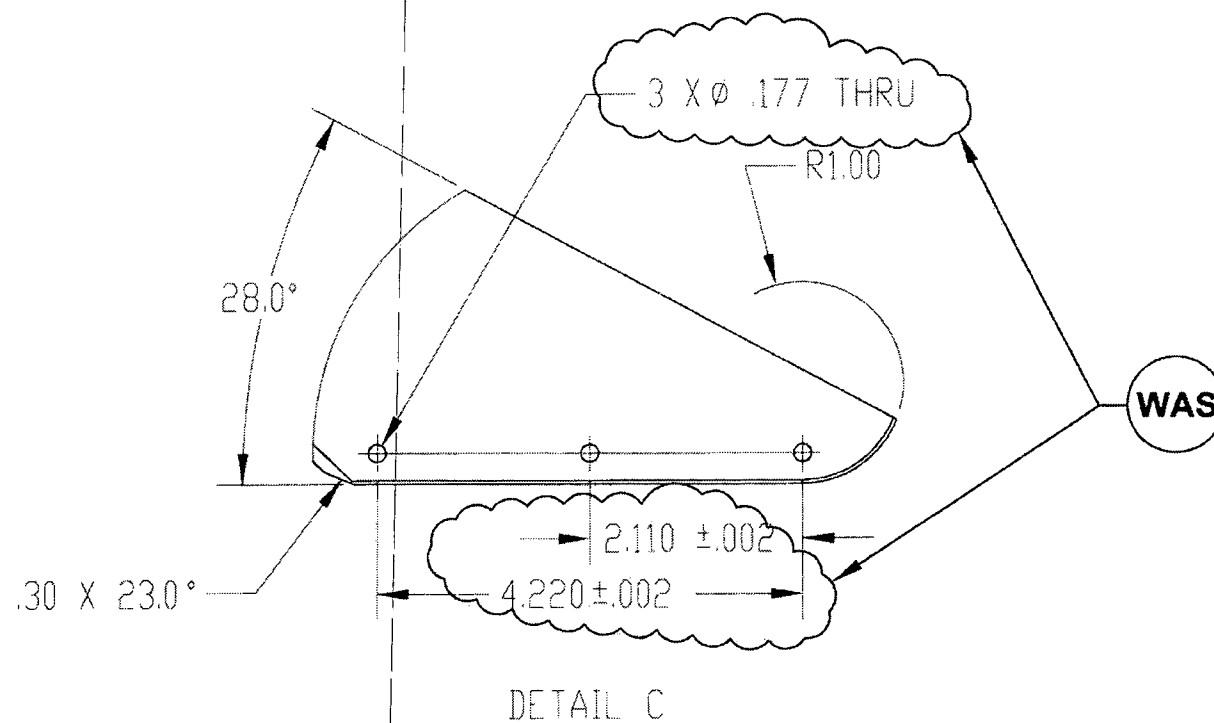
SHEET 4, ZONE C7 & C8 WAS:

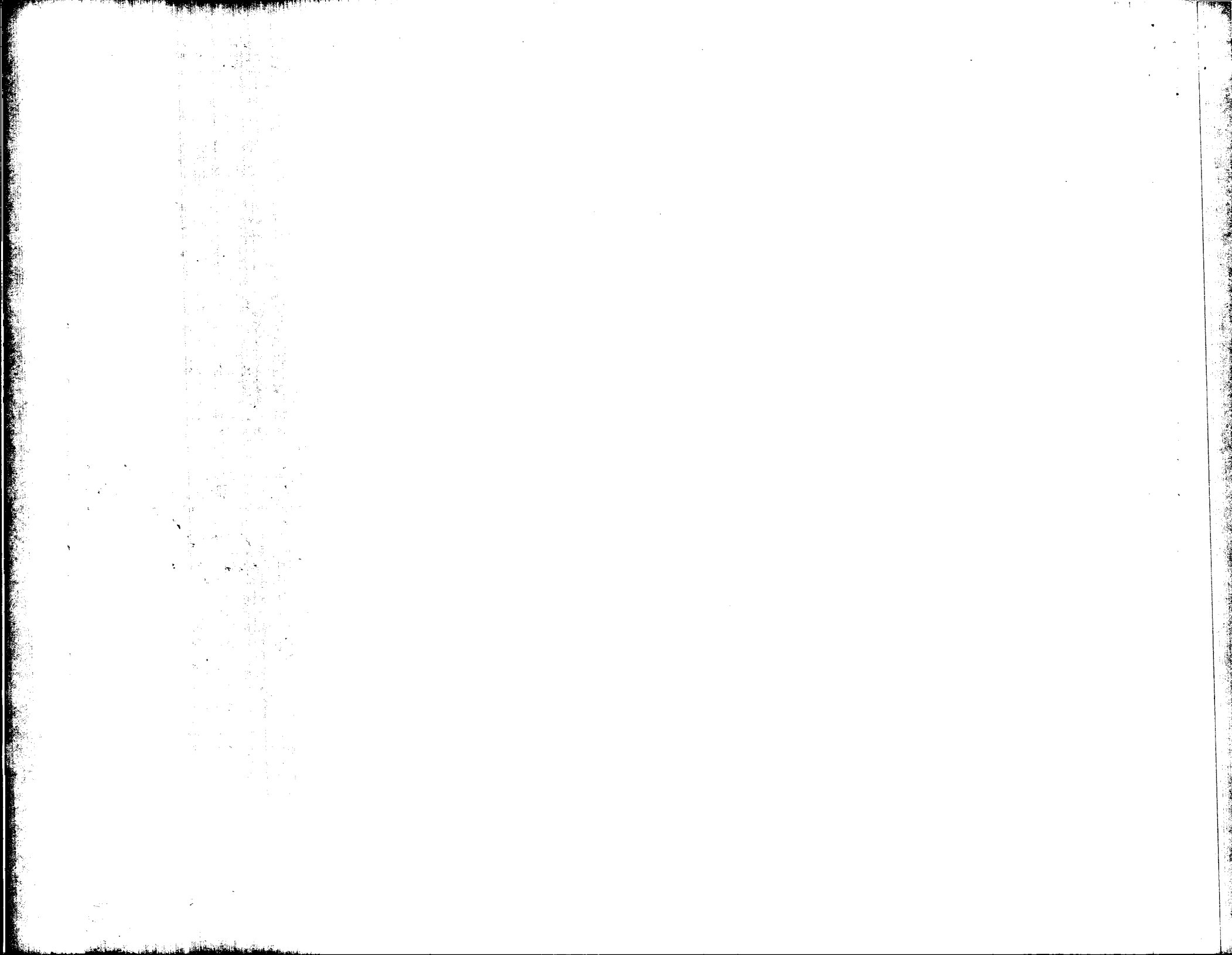


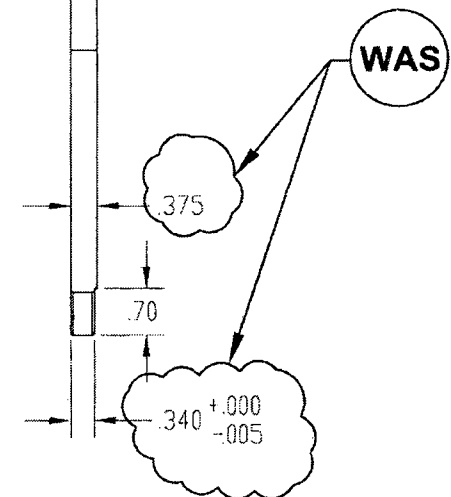
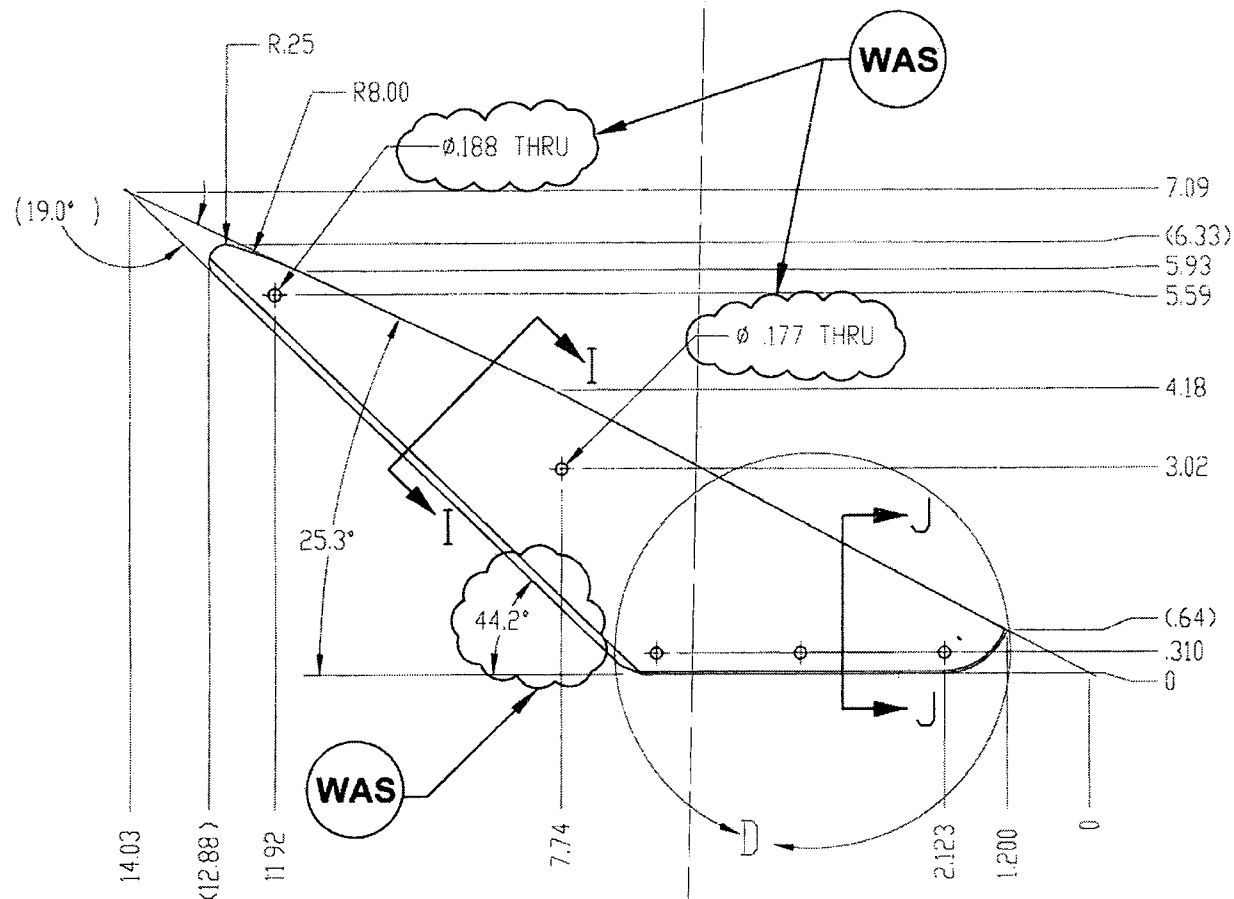
DETAIL B

SHEET 5, WAS:

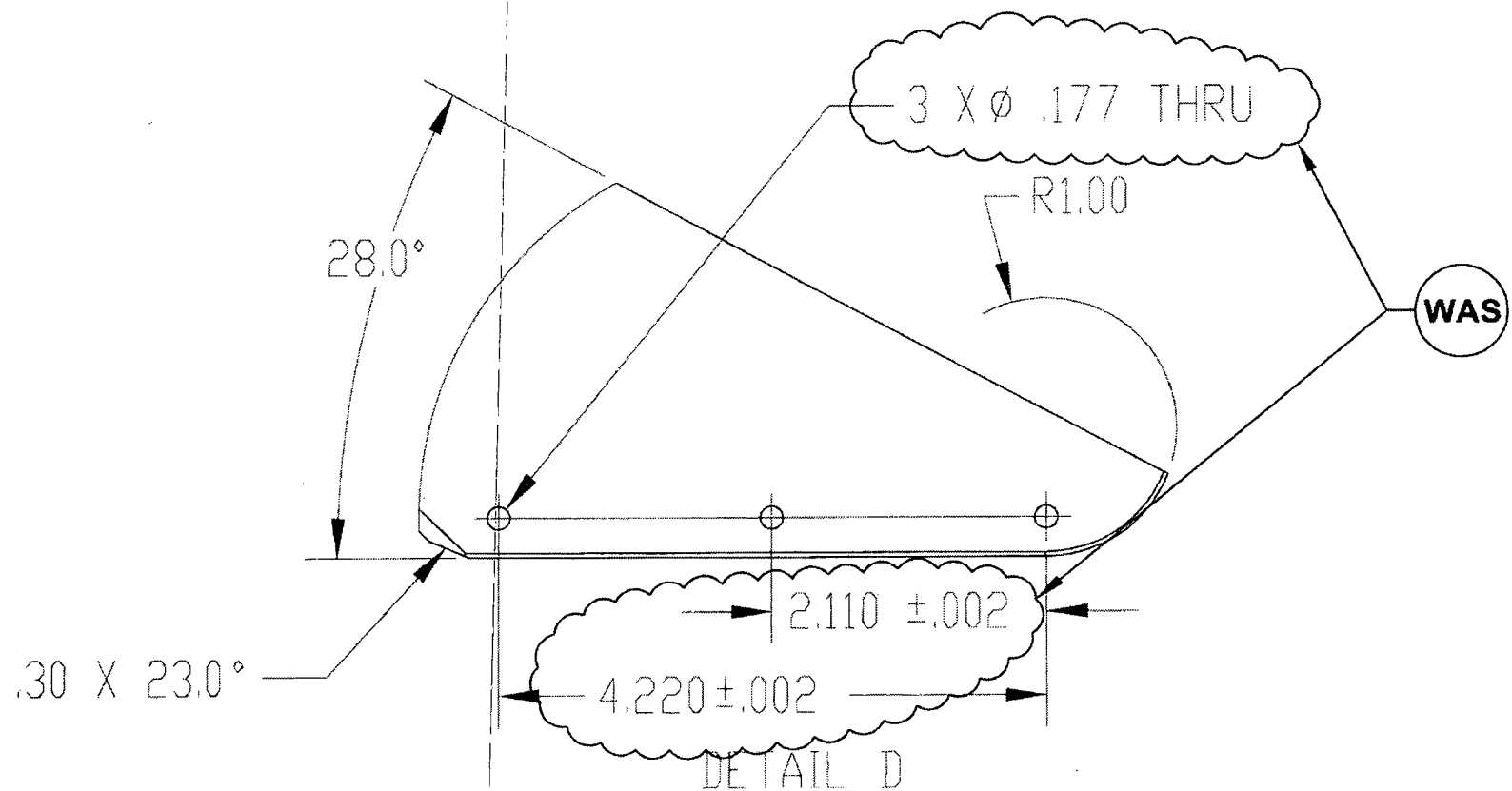
SHEET 5, ZONE C8, D7, & D8 WAS:





SHEET 6, WAS:

SHEET 6, ZONE C6 & D6 WAS:

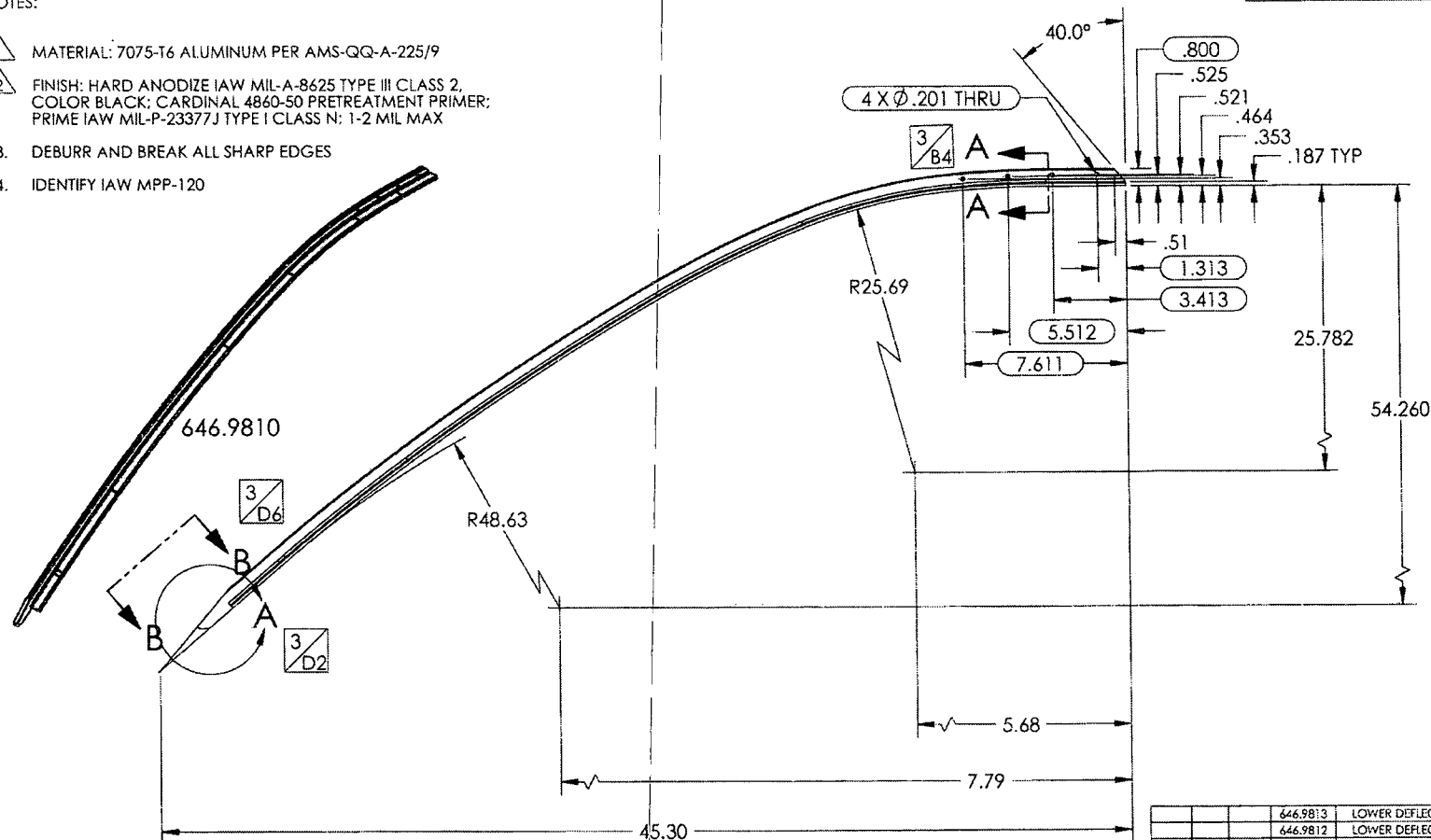


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| REV. | DESCRIPTION | DATE | APPROVED |
|------|------------------------|----------|----------|
| 1.00 | INITIAL RELEASE | 04/23/09 | P. BRAYD |
| 2.00 | INCORPORATED REVISIONS | 02/17/13 | P. BRAYD |

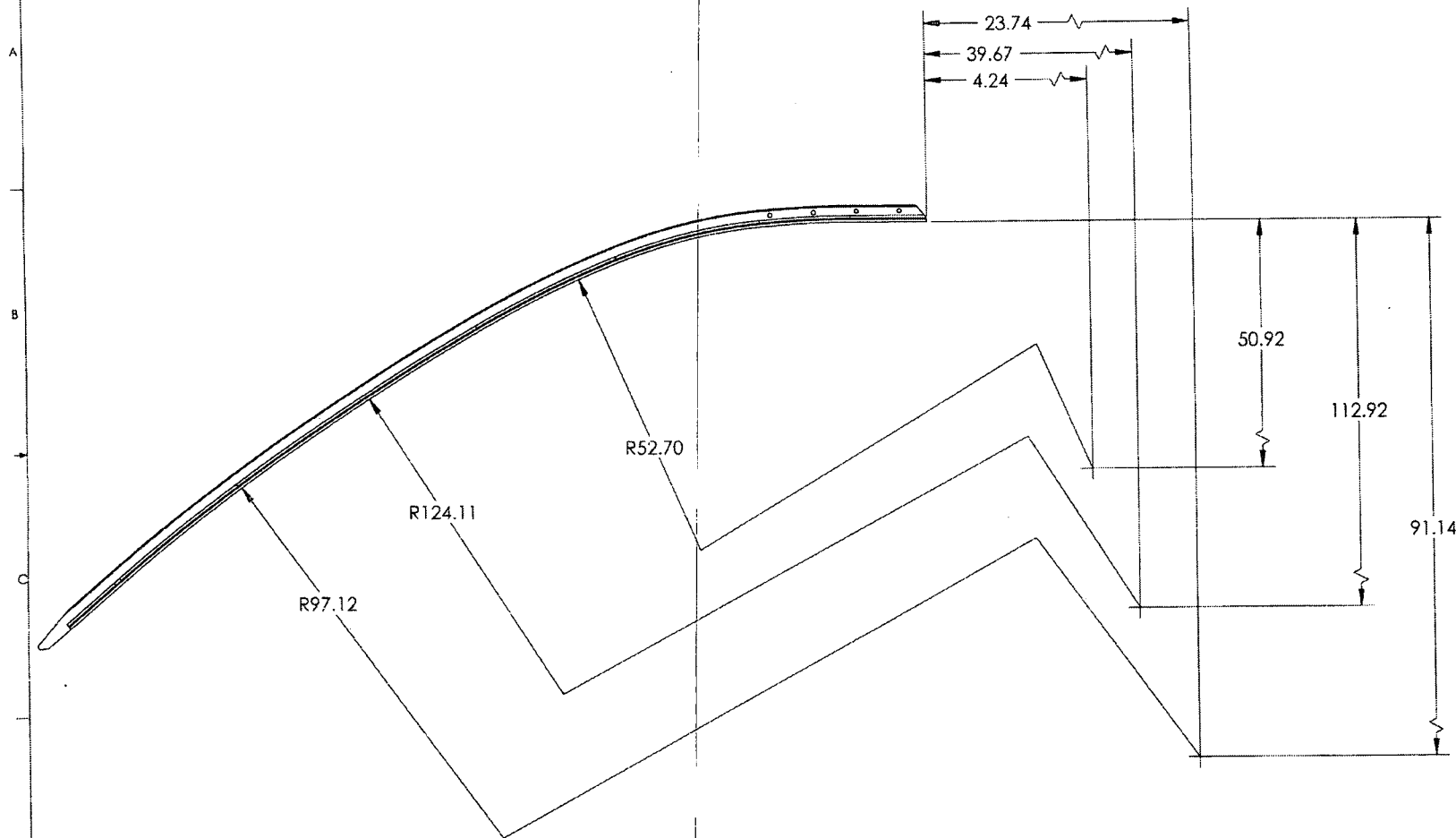
NOTES:

- 1 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER; PRIME IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX
- 3 DEBURR AND BREAK ALL SHARP EDGES
- 4 IDENTIFY IAW MPP-120



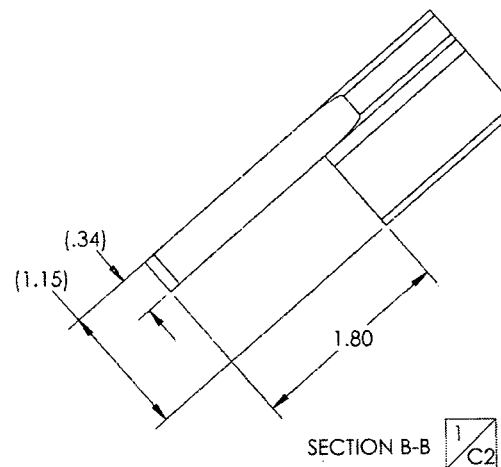
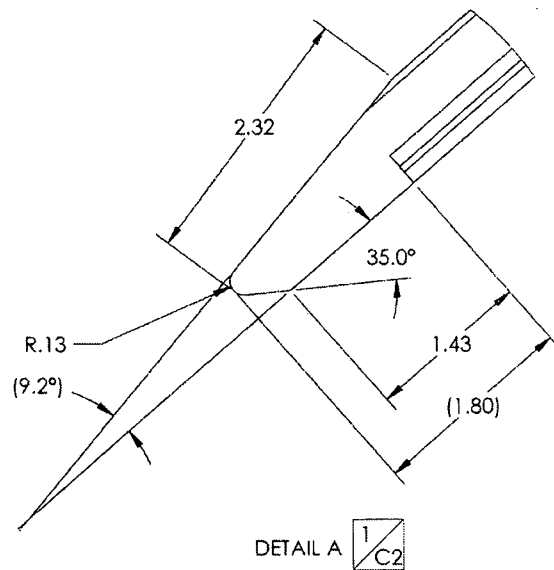
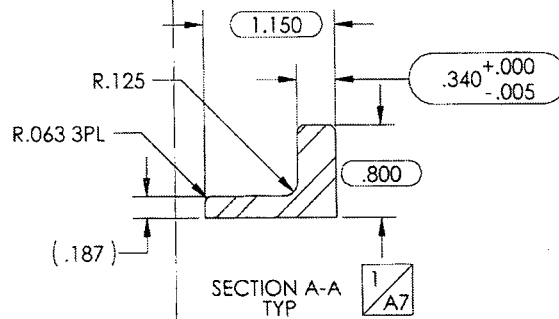
| QTY | PART NO. | DESCRIPTION | MAT'L | SPEC |
|---|----------|----------------------|--------------|------|
| | 646.9813 | LOWER DEFLECTOR LOW | △ | △ |
| | 646.9812 | LOWER DEFLECTOR HIGH | △ | △ |
| | 646.9811 | UPPER DEFLECTOR | △ | △ |
| | 646.9810 | DEFLECTOR | △ | △ |
| PARTS LIST | | | | |
| APICAL INDUSTRIES | | | | |
| 2608 TEMPLE HEIGHTS DR. | | | | |
| OCEANSIDE, CA. 92056-3512 (760)724-5300 | | | | |
| DEFLECTOR | | | | |
| SEE CAGE CODE | DWG. NO. | REV. | | |
| B 07M26 | 646.9800 | A | | |
| SCALE: NONE | | | SHEET 1 OF 6 | |

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APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



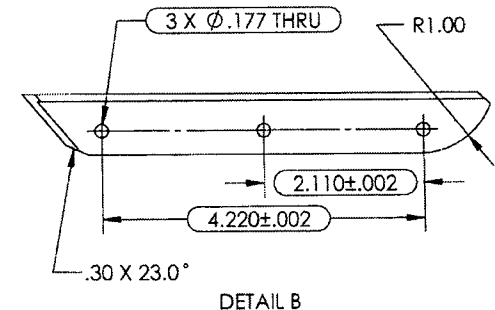
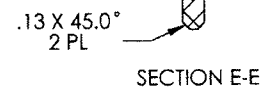
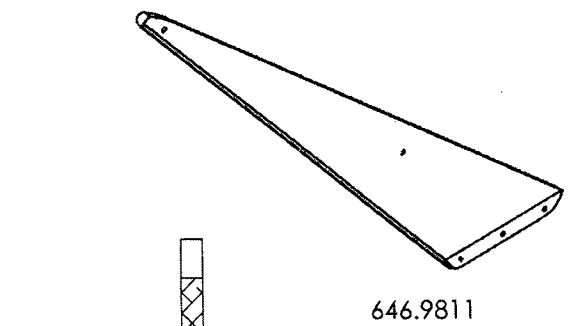
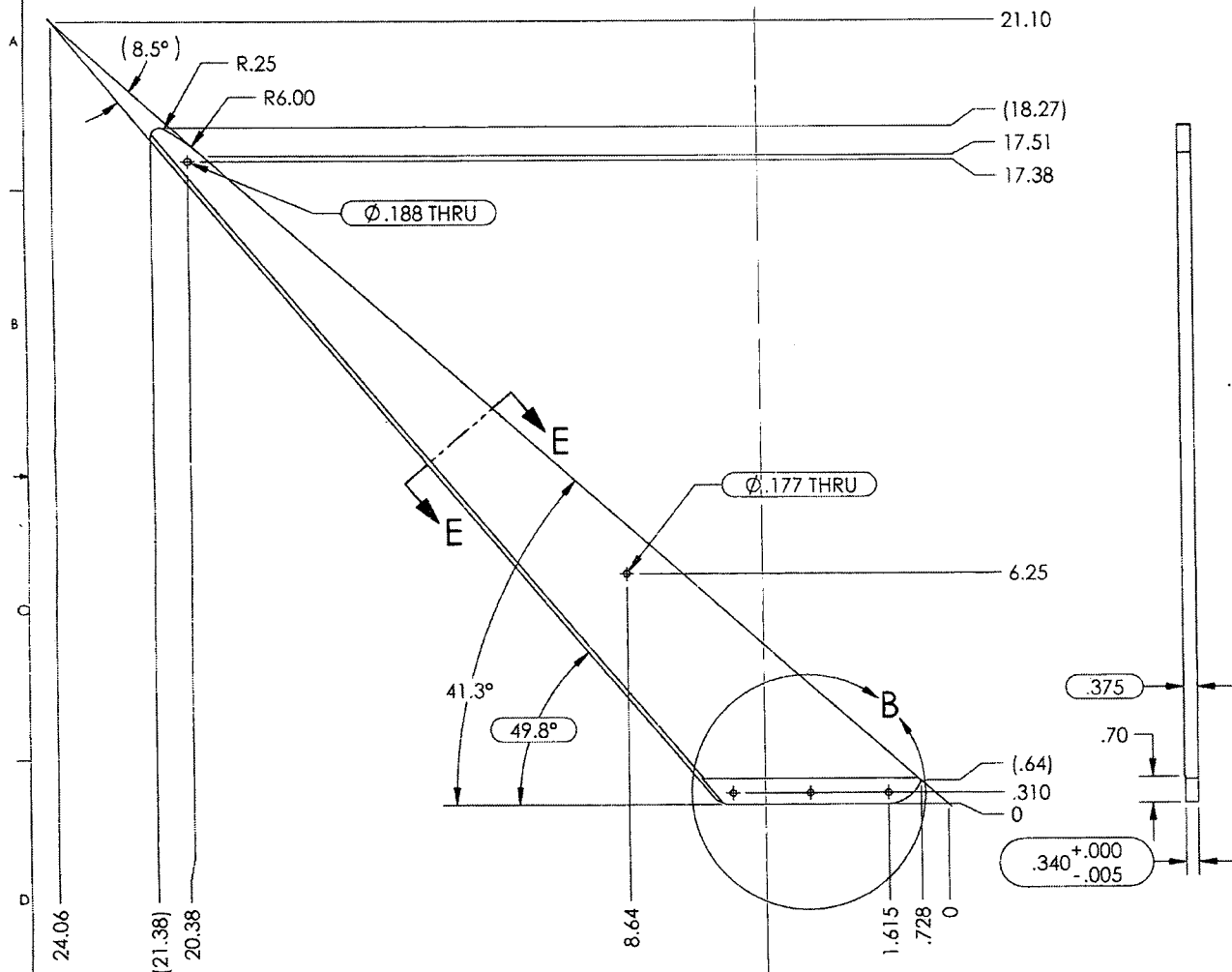
| | | | |
|---|--|--|--------|
| ORIGINAL DATE: 04-75 AISCADA TEL: 04-75 DRAWN BY: J. JACKSON CHECKED BY: P. BRAVO DRAWING APPROVAL: P. BRAVO CONTRACT NO.: 04-75 | | APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.001 ANGLES ±.5° | | SIZE: B CADA CODE: D7M26 DWG. NO.: 646.9800 | REV: A |
| SCALE: NONE | | SHEET 2 OF 6 | |

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



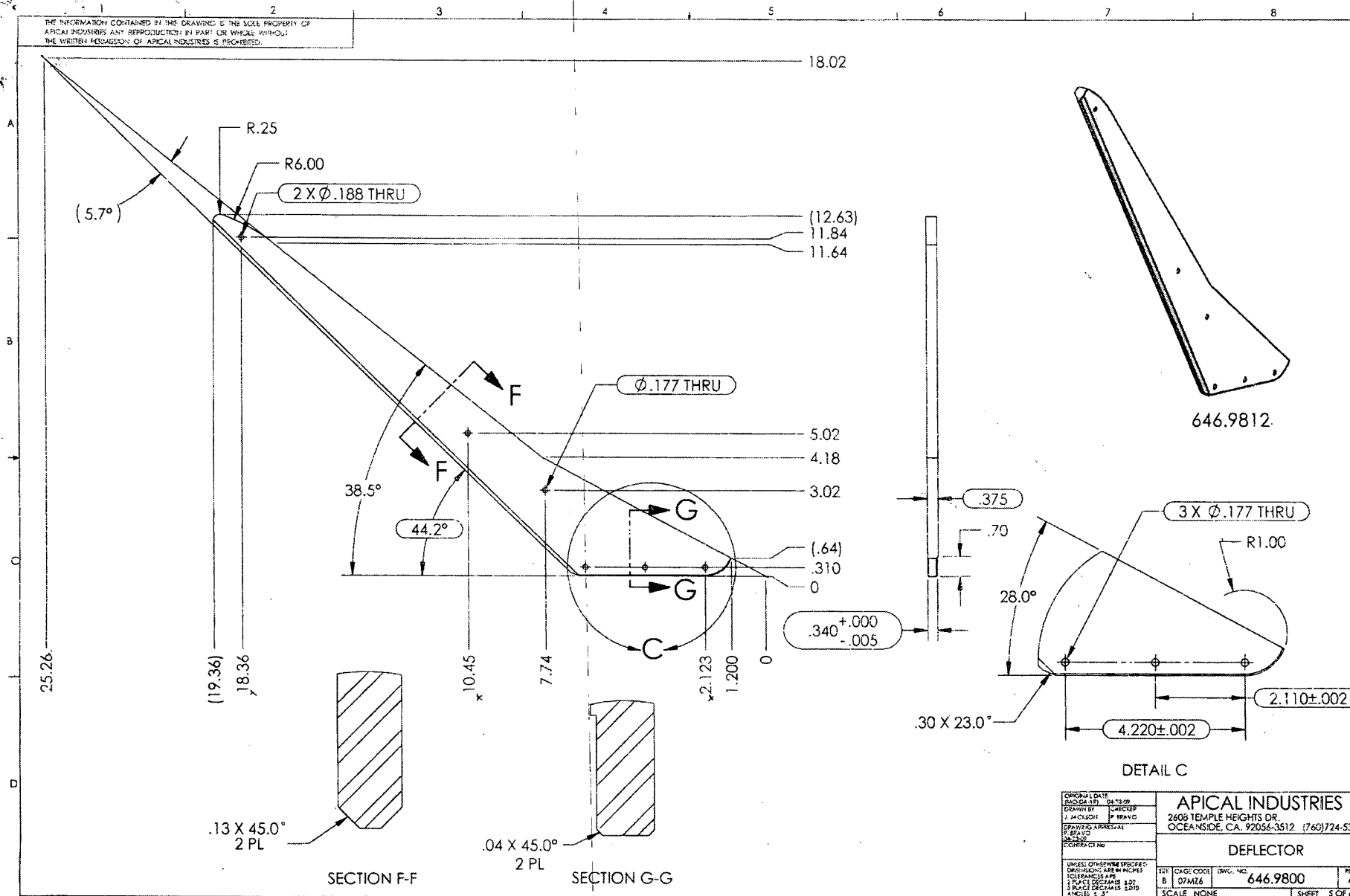
| | | | |
|---|--|--|-------------------------|
| OPENING DATE JACOBY, INC. 04/23/01 DRAWN BY: J. JACKSON CHECKED BY: M. BRADY DRAWING APPROVAL P. BRADY | | APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| CONTRACT NO. | | DEFLECTOR | |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.02 3 PLACE DECIMALS ±.010 ANGLES ±.5° | | SIZE: D7M26 DWG. NO: 646.9800 SCALE: NONE | REV: A SHEET: 3 OF 6 |

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES AND REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



| | | | |
|---|--|---|------------------------|
| ORIGINAL DATE: 01/22/87 DWG DATE: 01/22/87 DRAWN BY: J. JACKSON CHECKED BY: M. SPAYO DRAWING APPROVAL: P. BOLO DESIGNED BY: J. JACKSON CONTRACT NO: | | APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.010 3 PLACE DECIMALS ±.010 ANGLE: 1° 3' | | REV. CAGE CODE: B 07M26 DWG. NO. 646.9800 SCALE: NONE | REV. A SHEET 4 OF 6 |

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



| | | | |
|--|--|---|--------|
| ORIGINAL DATE 04/13/99 | | APICAL INDUSTRIES | |
| DRAWN BY J. JACOBSON | | 2609 TEMPLE HEIGHTS DR. | |
| CHECKED BY P. BRADY | | OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| DRAWING APPROVAL P. BRADY | | DEFLECTOR | |
| CONTRACT NO. | | 646.9800 | |
| UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1 PLACE DECIMALS \pm .02 2 PLACE DECIMALS \pm .01 ANGLES \pm .5° | | SHEET 5 OF 6 | REV. A |



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO23813**

Purchase Order Date 4/15/2014

PO Print Date 4/25/2014

Page Number 4 of 6

Order From :

VC-ATG001

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Contact Name

Vendor Phone 613-446-4544

Ship To Contact

Ship To Phone

Ship Via: VENDOR'S TRUCK

Ship Acct:

Buyer

Customer POID

Customer Tax # 10127-2607

Terms Net 30

Currency CAD

FOB FCA - (Free Carrier)

Line Total: **\$36.30**

| | | | | | | | | |
|----|--------|---------------------------------|----------|------|---|---------|---|---------|
| 10 | 109496 | 646.9812 LOWER CUTTER DEFLECTOR | 5/7/2014 | 4.00 | ✓ | \$18.15 | ✓ | \$72.60 |
|----|--------|---------------------------------|----------|------|---|---------|---|---------|

Yes

5/7/2014

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

Line Total: **\$72.60**

| | | | | | | | | |
|----|--------|--------------------------|----------|------|--|---------|---|---------|
| 11 | 109618 | 647.9410 LOWER DEFLECTOR | 5/7/2014 | 4.00 | | \$10.70 | ✓ | \$42.80 |
|----|--------|--------------------------|----------|------|--|---------|---|---------|

Yes

5/7/2014

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

Line Total: **\$42.80**

| | | | | | | | | |
|----|--------|--------------------------|----------|------|--|---------|---|----------|
| 12 | 112221 | 647.9411 UPPER DEFLECTOR | 5/7/2014 | 8.00 | | \$24.50 | ✓ | \$196.00 |
|----|--------|--------------------------|----------|------|--|---------|---|----------|

Yes

5/7/2014

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

Note:

4/25/2014



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 63000

Date: 24-Apr-14

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | | Ship Via | |
|---|---|----------|--|
| Quantity | Description | | |
| 1 lot | Part: ASST Rev: 20 PCS 646.3313 (13.10) — 11 PCS 646.3810 (6.55) 676 10 PCS 646.3812 (6.10) 16 PCS 646.3813 (6.10) 12 PCS 646.9811 (32.60) 10 PCS 646.9812 (18.15) 4 PCS 647.9410 (10.70) 8 PCS 647.9411 (24.50) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N 3 PCS D2224 (2.00) ✓ RED ANODIZE MIL-A-8625 TYPE II CLASS 2 PRICE IS PER PIECE Job: 20140236 PO: 23813 Line: | | |
| Certificate of Conformance | | | |
| A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. | | | |
| ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY | | | |
| DATE: 24/4/14 | | | |
| CERTIFIED SIGNATURE:  | | | |
| RECEIVER SIGNATURE: _____ | | | |